ase type a plus sign (+) inside this box

PTO/SB/81 (02-01) Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

10/668,762
09/23/2003
Kobayashi
FOLDABLE ACCOMMODATING BOX
3728
OCH 1846-003

I hereby a	appoint:						
OR	ctitioners at (	Customer Number	08698		08698		
		Name			Registration Number		
				ļ			
l -			· · · · · · · · · · · · · · · · · · ·				
L				1			
		<sup>-</sup> agent(s) to prosecut States Patent and Tra			above, and to transact all herewith.		
Please cha	nge the corre	espondence address f	for the above-ident	ified app	lication to:		
	bove-mention	ned Customer Numbe	r.				
OR Proctit	ionore at Cu	stomer Number		<b>→</b>	Place Customer Number Bar Code		
OR	lioners at Cu	stomer Number			Label here		
Firm or				···=			
	ual Name						
Address	<del></del>						
Address City				State	Zip		
Country				State 1	) Ziþ		
Telephone				Fax			
I am the:							
	licant/Invent	or.					
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
	Name Shigeru Kobayashi						
Signature	Signature Akigori Adjustin						
Date July eight, 2004							
NOTE: Signatures of all the inventors of assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
$\boxtimes$ *Total of $\frac{3}{2}$ forms are submitted.							

a plus sign (+) inside this box

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	10/668,762
Filing Date	09/23/2003
First Named Inventor	Kobayashi
Title	FOLDABLE ACCOMMODATING BOX
Group Art Unit	3728
Examiner Name	
Attorney Docket Number	OCH 1846-003

,	I hereby appoint:					
	oners at Customer Number 08698					
	$\square$ Practitioner(s) named below:					
	Name Registration Number					
<u> </u>						
<b>I</b>						
<b> </b>						
	ney(s) or agent(s) to prosecute the application in United States Patent and Trademark Office cor					
_	the correspondence address for the above-identermentioned Customer Number.	tified application to:				
<u>OR</u>		Place Customer				
	ers at Customer Number	Number Bar Code Label here				
OR Firm or						
Individual N	Vame					
Address						
Address						
Country		State   Zip				
Country Telephone		Fax				
l am the:		T ax				
(S-70)	nt/Inventor.					
	Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	SIGNATURE of Applicant or Assign	ee of Record				
Name	Name Masahiro Katayama					
Signature	Masshiro Katay	am a.				
Date	Report 7 ot	July lineth 2004				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
forms if more than one signature is required, see below*.   Total of 3 forms are submitted.						

 $\boxtimes$  \*Total of  $\frac{3}{2}$ 

forms are submitted.

Please type applus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

Application Number 10/668,762

## POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	10/668,762
Filing Date	09/23/2003
First Named Inventor	Kobayashi
Title	FOLDABLE ACCOMMODATING BOX
Group Art Unit	3728
Examiner Name	
Attorney Docket Number	OCH 1846-003

I hereby	annoint.	· · · · · · · · · · · · · · · · · · ·			
∑ Pra or		Customer Number	08698	<b>&gt;</b>	08698
[		Name		Registr	ation Number
	·				
l					
as my/our business ir	attorney(s) or n the United S	r agent(s) to prosecut States Patent and Tra	e the application ide demark Office conn	entified above, ected therewi	, and to transact all th.
		espondence address		ied application	n to:
OR	bove-mentior	ned Customer Numbe	r.	_	Place Customer
_	tioners at Cu	stomer Number		<b>→</b>	Number Bar Code
OR					Label here
Firm or Individ	r Iual Name				
Address					
Address					
City			S	tate	Zip
Country					
Telephone			F	ax	
I am the:					
X App	olicant/Invento	or.			
		ord of the entire intere 7 37 CFR 3.73(b) is er			
SIGNATURE of Applicant or Assignee of Record					
Name	Kiyoshi	Kasuya			·
Signature		K. Kasry 06 / 30 /	HU		
Date		06 / 30 /	2004		
NOTE: Signature	es of all the inver	ntors or assignees of reco	rd of the entire interest o	or their represent	ative(s) are required. Submit multiple